

TOWN OF NARRAGANSETT

Fire Department, 40 Caswell Street, Narragansett, RI 02882-3393 Tel. 789-1000

Chief of Department James J. Cotter

NO._____

Fire Marshal James P. Given

APPLICATION FOR SMOKE DETECTOR AND CARBON MONOXIDE COMPLIANCE

ALL FIELDS MUST BE COMPLETED

RECEIPT NO._____

TODAY'S DATE:

LOCATION:	PLAT LOT
APPLICANT:	ADDRESS:
CURRENT OWNER:	ADDRESS:
TELEPHONE OWNE	R:TELEPHONE APPLICANT:
NEW OWNER:	ADDRESS:
INSPECTION DATE	TIME REQUESTED:
• TYI	E OF BUILDING USE (circle one):
	SINGLE FAMILY DWELLING / DUPLEX DWELLING / APARTMENT BUILDING
	ROOMING HOUSE / CONDOMINIUM UNIT / OTHER DWELLING
• NU	MBER OF LIVING UNITS / APARTMENTS IN BUILDING TOTAL:
• WII	L THIS PROPERTY BE RENTED?
• YEA	AR BUILDING WAS BUILT:
REQUIREMENTS Of certification of an	FINSTALLATION: Residential dwellings units shall within 120 days prior to title transfer have an inspection and operating and approved smoke detection system in accordance with the FIRE SAFETY CODE OF RHODE ISLAND; CHAPTER 23-28.1.
	HE INSPECTION AND CERTIFICATION, I UNDERSTAND THAT THE OWNER OF THE PROPERTY OR ENT SHALL BE PRESENT AND IF SMOKE DETECTORS ARE PART OF A COMBINATION
	ARM SYSTEM THAT A REPRESENTATIVE OF THE ALARM COMPANY SHALL ALSO BE PRESENT.
	\$30.00 FEE MUST ACCOMPANY THIS APPLICATION
	TOWN ORDINANCE CHAPTER 10, ARTICLE III REQUIRES THAT ALL BUILDINGS SHALL DISPLAY REET NUMBER, CLEARLY VISIBLE FROM THE STREET OR HIGHWAY. INSPECTION WILL NOT BE CONDUCTED IF THE ABOVE ORIDINANCE IS NOT COMPLIED WITH.
	Owner or Applicant Ver. 09/10